

Died at *Concord Anne* Town *Somerset* County *MARYLAND*  
 Month Day Y. M. D. Native of Occupation  
 Date 1903 *1* *12* Age *—* *—* *1* *md*  
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name *Wm Arnold* *Arnwood* Mother's Maiden Name *Annie Parsons*

Cause of Death { Primary Immediate } How long sick *1 day*  
 Accident, ~~Swindle~~, ~~Homicide~~

Reported by

Address

*Chas. W. Wainwright*  
*Dr. Anne Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

John A. Adams -

## CERTIFICATE OF DEATH

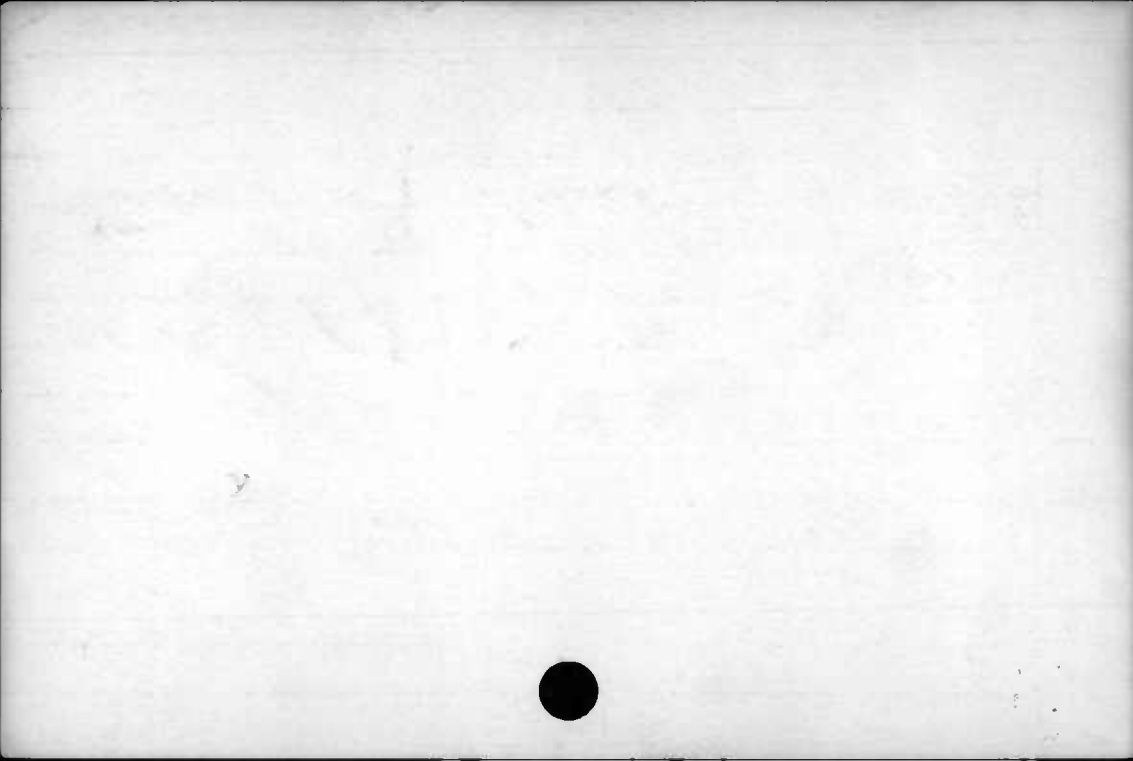
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumfrieed.</i>		County <i>Somerset-</i>		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>18</i>	Years <i>61.</i>	Months	Days
Sex <i>male-</i>	Color or Race <i>white-</i>		Birth-place <i>Somerset Co. Md.</i>		
Married, Single or Widowed <i>Widowed -</i>		Occupation <i>R.R. Conductor -</i>			
Name of Wife or Husband <i>Beauchamp</i>					
Father's Name <i>John Adams -</i>			Father's Birthplace <i>Somerset Co.</i>		
Mother's Maiden Name <i>Sarah Curtis</i>			Mother's Birthplace <i>Somerset Co.</i>		
Name of person giving information <i>Margaret E. Peyton -</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis of Lung. - 27</i>	How long <i>3 months -</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. L. Allen</i>
	Address <i>Cumfrieed. Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

Age 105

Sex

Color or  
RaceBirth-  
place

Married, Single

Occupation

Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

John Raman Barrett  
Alm House Somerset

June

5

April 1905

Male

White

Ireland

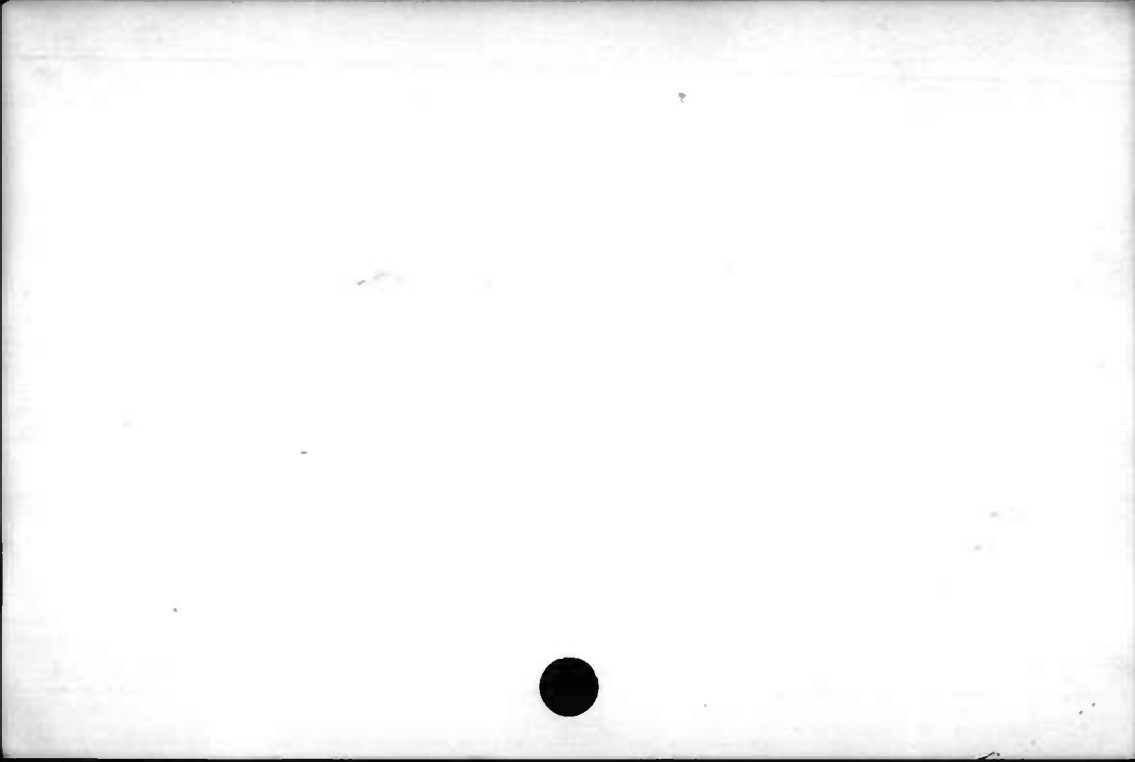
~~Widowed~~

General work

What we know of him, we learned  
from himPHYSICIAN  
OR CORONER

1

Daniel W. Jones  
Princeton, Md.



Fred Bennett Jr

Town

County

Died at

Upper Fairmount Somerset

MARYLAND

Date 19

03

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 22

Age

3, 13

Somerset

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Fred Bennett

Mother's

Maiden Name

Harnet Walston

Cause of

Primary

Indigestion

How long sick

3 weeks

Death

Immediate

Eclampsia

Accident, Suicide, Homicide

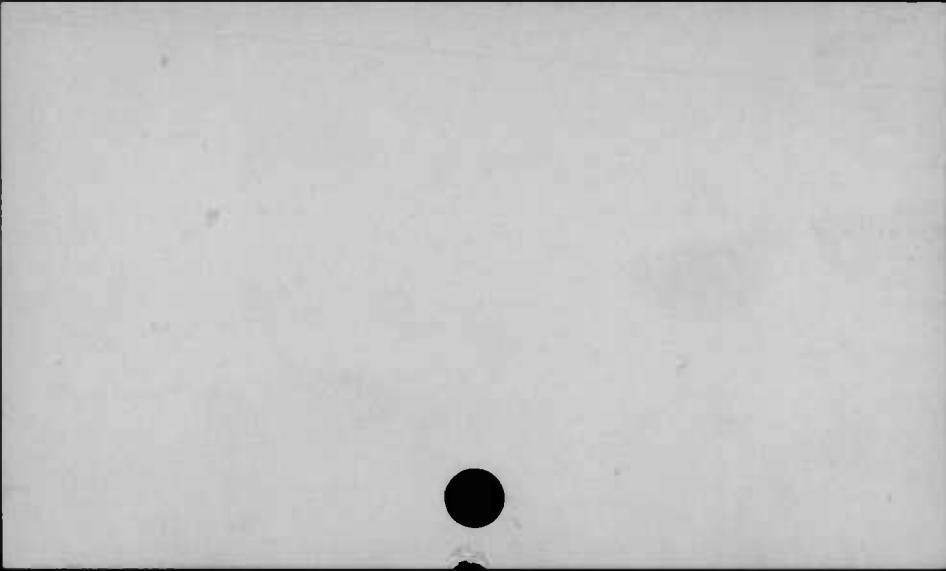
Reported by

G. C. Dickinson

Address

Upper Fairmount

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Ebbie Burnette  
Alms house

County

Somerset

MARYLAND

Date

of death 190 3

Month

Jan

Day

8

Age

Years

35

Months

Days

Sex

Female

Color or  
Race

Nyre

Birth-  
place

Somerset Co

Married, Single  
or Widowed

Married

Occupation

General house work

Name of Wife or  
Husband

Not known

Father's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formation

68

How related  
to deceased

## CAUSES OF DEATH

Primary

Raging mania; has only a few days

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

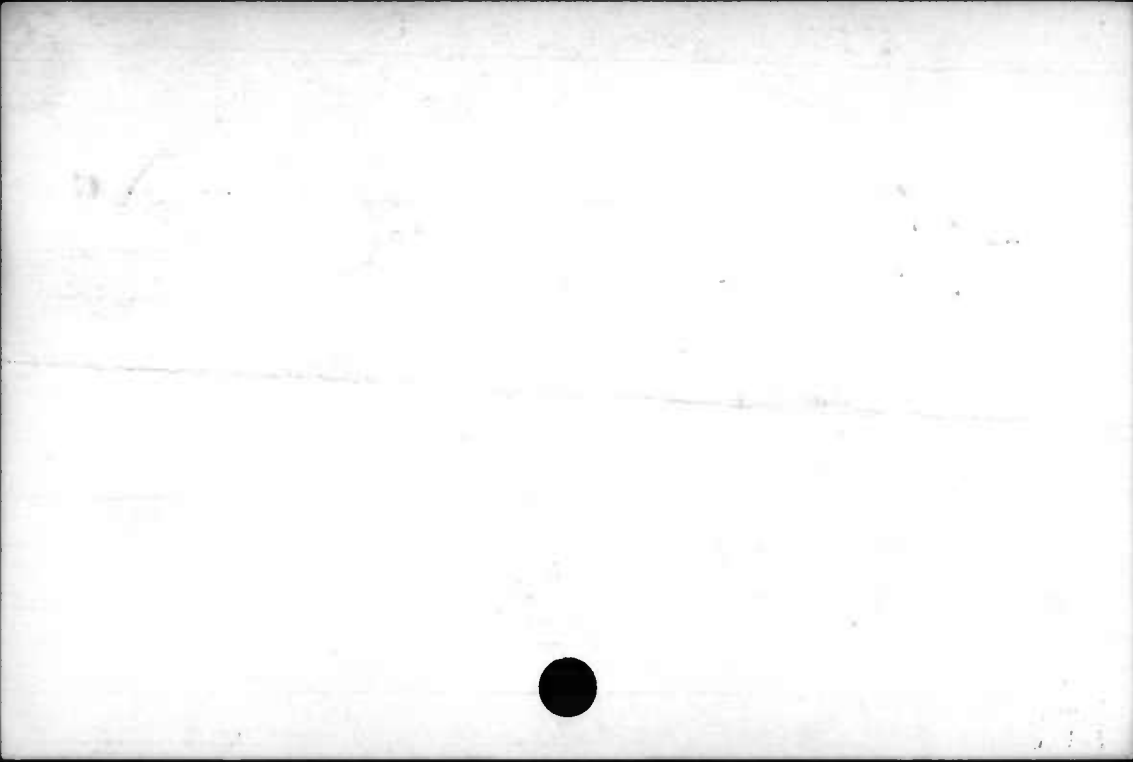
As far as known

Signature of  
Physician

Address

Daniel Effores  
Prince Georges Md.

Accident or Suicide?



Name  
in  
Full

Alfred Cannon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Kingston		County Somerset		MARYLAND	
Date of death 1903	Month Jan	Day 14	Age	Years 78	Months 5	Days 13	
Sex Male	Color or Race White		Birth- place Somerset Co				
Married, <del>Single</del>			Occupation Farmer				
Name of Wife <del>Elizabeth</del> Elizabeth St Cannon							
Father's Name Don't Know				Father's Birthplace			
Mother's Maiden Name " "				Mother's Birthplace			
Name of person giving information Dr F A Adams				How related to deceased None			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long	—
Immediate Carditis	How long	—
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician 79 F. A. Adams	
	Address Pocomoke City Md	
Accident or Suicide?		



Name In Full

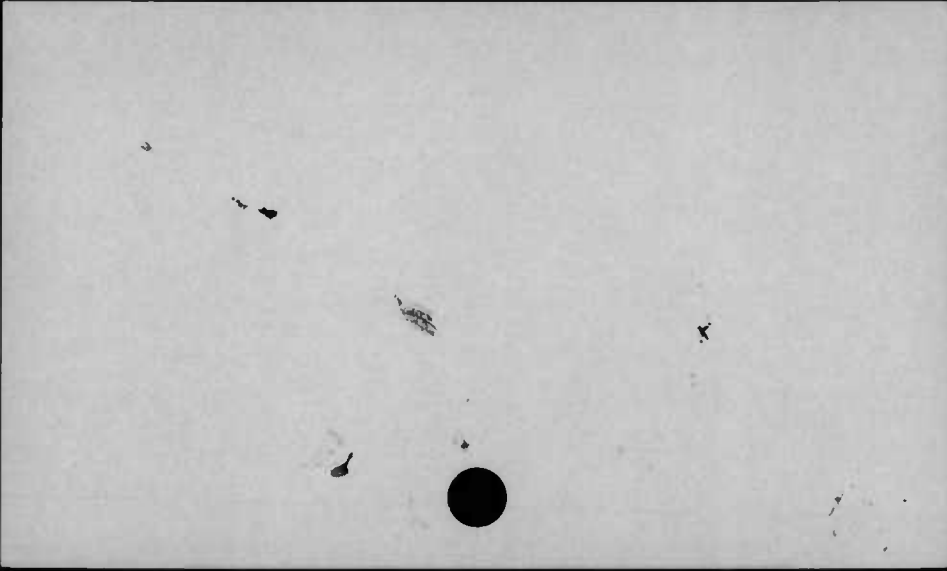
Certificate of Death

Geo. W. Collier

Died at Beul Island Town Somerset County MARYLANDDate 19 03 Jan 25 Month Jan Day 25 Y. 69 M. 2 D. 25 Age Med Native of Blacksmith Occupation  
Male White Married Widow Divorced Widower Single Number of children living 3Husband of Catherine J. Collier  
Wife Ebenezer Collier Father's Name Ebenezer Collier Mother's Name Anna H. WingstoneCause of Primary Nephritis 120 How long sick 6 weeks  
Death Immediate Dyspnoea (Uremic Coma) Accident, Suicide, HomicideReported by W. H. Alexander  
Address Beul Island Somerset Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75008



Name in Full

Certificate of Death

*Susan Elizabeth Cullison*  
 Died at *Deale Island* Town *Somerset* County *MARYLAND*

Date *1903* Jan *18* Month *18* Day *3 weeks* Age *Wid* Native of *none* Occupation  
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~  
*Female* ~~Colored~~ *Single* ~~Widower~~ ~~Number of children living~~

Husband of *Benj. Cullison* Father's Name *Benj. Cullison* Mother's Name *Sadie T. Gibson C.*  
 Wife

Cause of Death *Primary* *Infection* *151* How long sick *3 weeks*  
*Immediate* *Aspiration* *Accident, Suicide, Homicide*

Reported by *H. G. Alexander M.D.*  
 Address *Deale Island Somerset Co -*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Edward Dise

Died at <sup>Town</sup> Fairmount <sup>County</sup> Somerset

MARYLAND

Date 1903 Jan 23 Age 88 - - Native of Somerset Occupation Cysterman

Male White Married Widew Divorced  
 Female Colored Single Widower Number of children living 9

Husband of Annie Dise

Father's Name Richardson Dise Mother's Maiden Name Dont know

Cause of Death { Primary Senile Debility How long sick Several years  
 Immediate \_\_\_\_\_ Accident, Suicide, Homicide

Reported by H. Dickinson 184

Address Upper Fairmount

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charles C. Gibbons -

Mar Town

County

Died at

Purcell Ave Somerset

MARYLAND

Date 189

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

July 25

Age 19-

Somerset

School boy

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Name 27

Cause of

Primary

Tuberculosis

How long sick

6 months

Death

Immediate

Anemia

Accident, Suicide, Homicide

Reported by

M. W. Gottschmink

Address

Purcell Ave Somerset Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

Laura B. Griffith

## CERTIFICATE OF DEATH

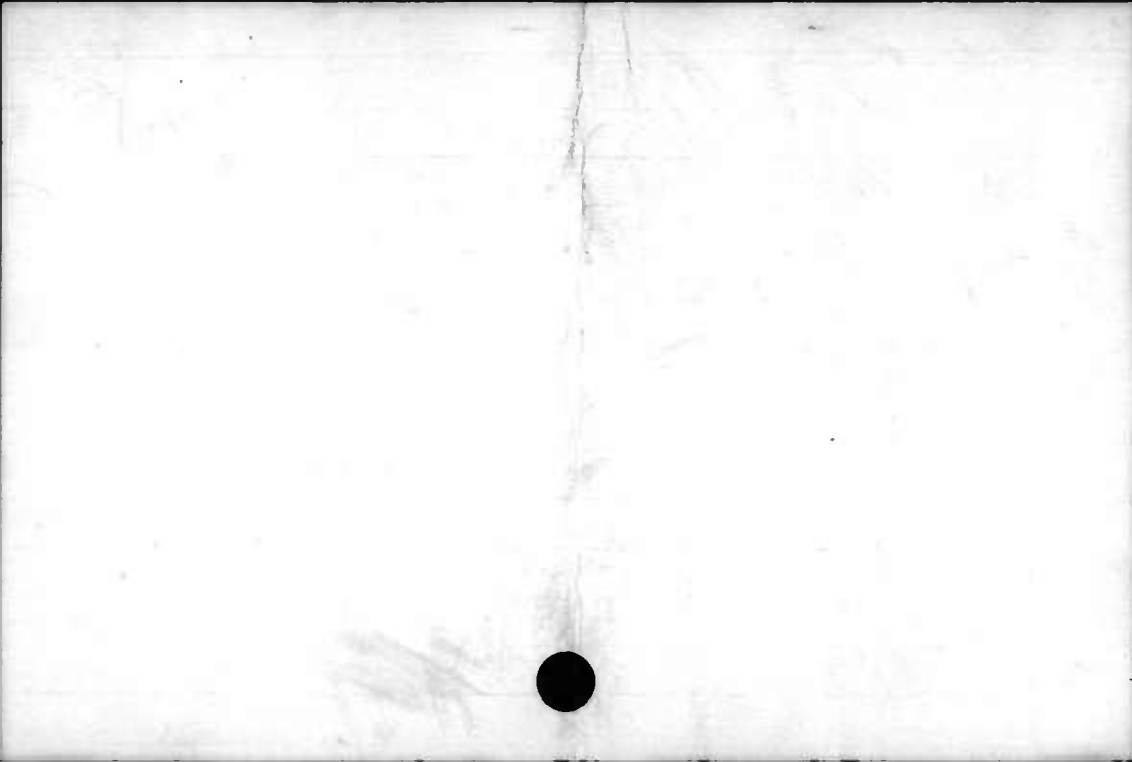
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex Female		Color or Race white		Birth-place		Penna.	
Married, <del>Single</del> <del>Widowed</del>				Occupation Housewife			
Name of Wife or Husband Mrs. D. Griffith							
Father's Name Andrew McMichael				Father's Birthplace Penna.			
Mother's Maiden Name Catherine Calvin				Mother's Birthplace Penna.			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Nervous Prostration		9 a	
Immediate		How long	
Diphtheria		5 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. W. Williams	
		Address Oconoke	
1		Accident or Suicide?	



Name in Full

Certificate of Death

Died at

Date

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Henry Harris

Town

County

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Jan	11	1903			Ind	Charles
Male	White	Age 43	<del>Married</del>	<del>Widow</del>	Divorced	Number of children living 1
<del>Female</del>	<del>Colored</del>	Single		Widower		

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Primary

Immediate

How long sick

10 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898





Name  
in  
Full

Annie Hayman -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cutfield</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND	
Date of death 1903	<i>May</i> <small>Month</small>	<i>29</i> <small>Day</small>	<i>81</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co. Md.</i>		
Married, Single or Widowed <i>Widow</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>John Hayman</i>					
Father's Name <i>George Mitchell</i>			Father's Birthplace <i>Wicomico Co</i>		
Mother's Maiden Name <i>Annie Mitchell</i>			Mother's Birthplace <i>do</i>		
Name of person giving information <i>Henry Hayman</i>			How related to deceased <i>none</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR  
CORONER

Primary <i>Paralysis</i>	How long <i>4 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. Y. Cuthbertson</i>
	Address <i>Cutfield Md</i>
Accident or Suicide?	



Name In Full

Certificate of Death

*Stella Washie Hornet*  
 Died at *Beale Island* Town *Somerset* County *MARYLAND*

Date 19*03* *Jan 21* Month Day Y. M. D. Age *Wed* Native of *Housewife* Occupation  
 Male ☒ White ☐ Married ☐ Widow ☐ Divorced ☐  
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *3*

Husband of *Wm 1 Hornet*  
 Wife *27*

Father's Name *27* Mother's Maiden Name

Cause of Death { Primary *Tuberculosis (Pulmonary)* Immediate *Asthenia* How long sick *27*  
 Accident, Suicide, Homicide

Reported by *Wm 1 Hornet*

Address *Beale Island Somerset Co*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Adaline Jones

## CERTIFICATE OF DEATH

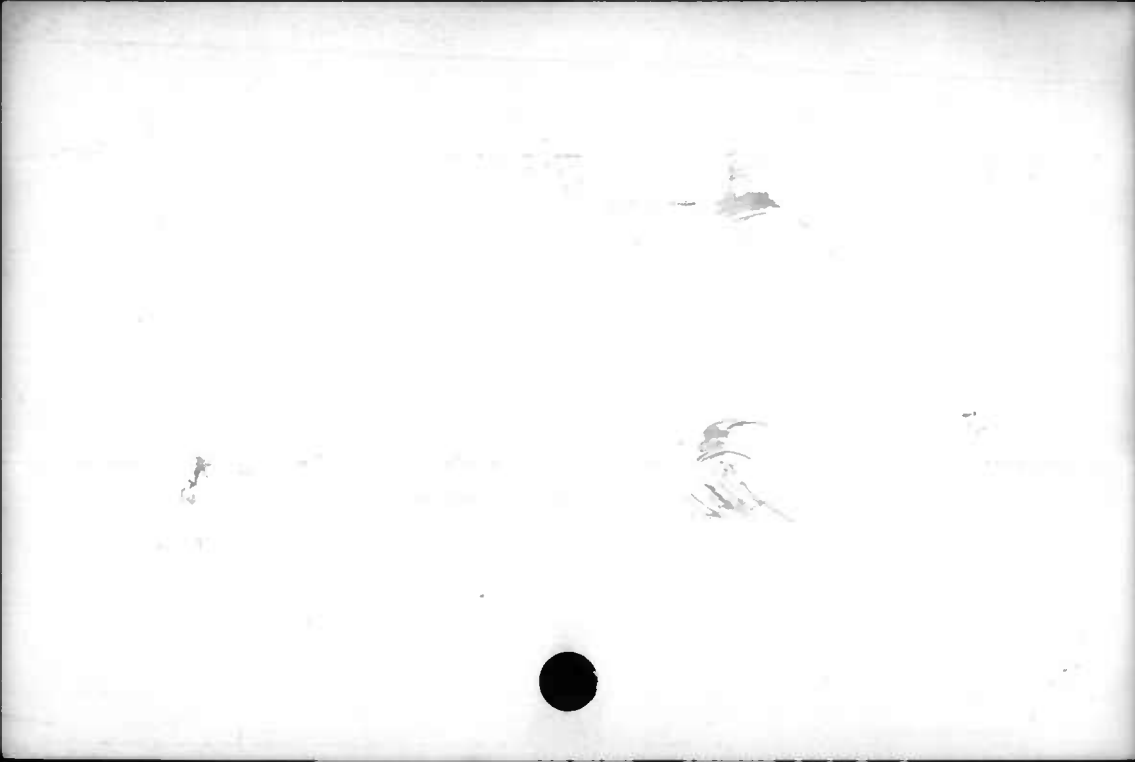
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>James Quarter</i> <sup>Town</sup>		<i>Somerset</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i> <sup>Month</sup> <i>Jan.</i> <sup>Day</sup> <i>14</i>	Age <i>67</i> <sup>Years</sup>		Months <i>-</i>		Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth- place <i>Somerset Co.</i>			
Married, Single or Widowed <i>married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Nehemiah Jones</i>					
Father's Name <i>-</i>				Father's Birthplace	
Mother's Maiden Name <i>-</i>				Mother's Birthplace	
Name of person giving In formation <i>Hicks Bryman</i>				How related to deceased <i>Son-in-law</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>7 weeks</i>
Immediate <i>asthenia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. Windon, M.D.</i>
<i>no</i>	Address <i>James Quarter Md.</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

Wells M. Townsend

## CERTIFICATE OF DEATH

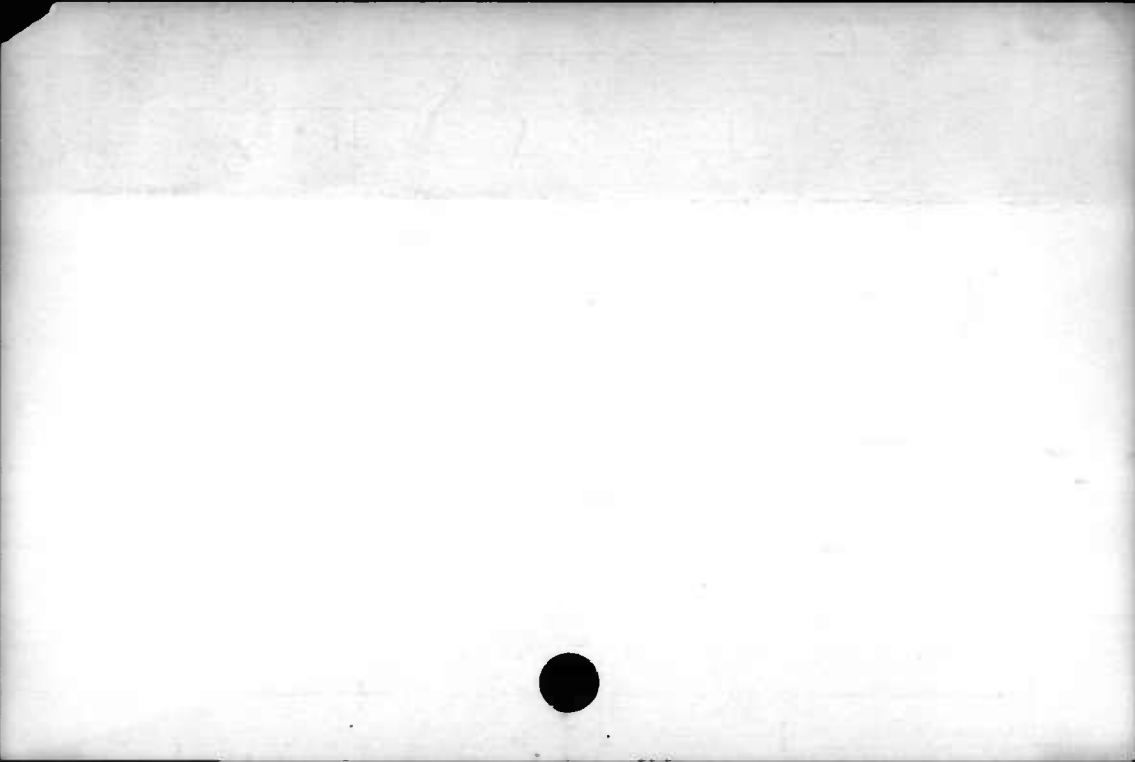
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Marion</i>		Town <i>Somerset</i>		County		MARYLAND	
Date of death 190 3	Month <i>Jan</i>	Day <i>20</i>	Age <i>22</i>	Years	Months <i>10</i>	Days <i>9</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Delaware</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Housekeeper</i>				
Name of <del>Wife</del> Husband <i>James C Townsend</i>							
Father's Name <i>Wm Parsons</i>			Father's Birthplace <i>Delaware</i>				
Mother's Maiden Name <i>Hettie Moore</i>			Mother's Birthplace <i>"</i>				
Name of person giving information <i>James C Townsend</i>			How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>27</i>	How long <i>3 yrs</i>
Immediate <i>Same as above</i>	How long <i>3 yrs</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. A. Adams &amp; Son</i>	
	Address <i>Parsonville city Md</i>	
Accident or Suicide?		

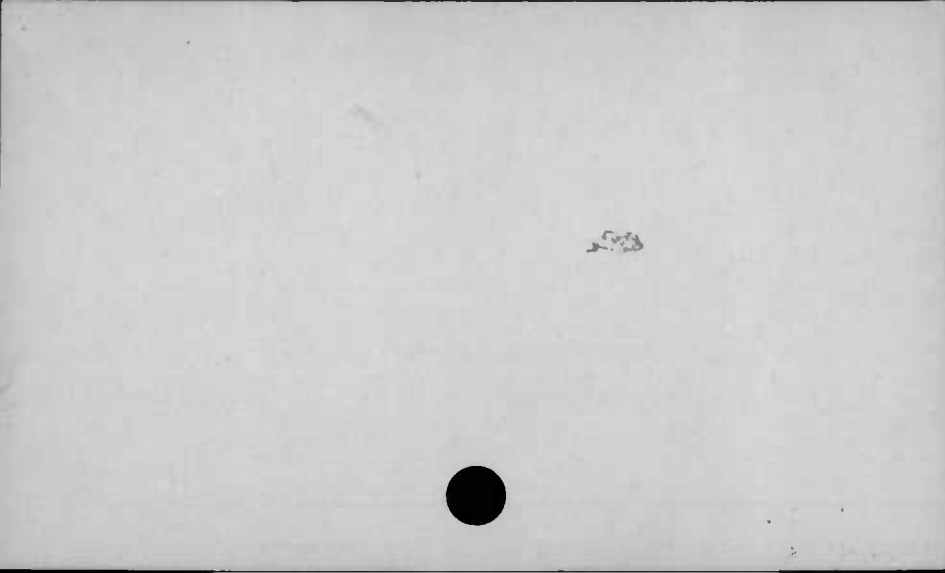




### Certificate of Death

Reported by G. T. Simonson 43  
Address Cusfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Virginia E. Mason  
 Died at Beverly Dan County Somerset MARYLAND  
 Date 1903 Jan 7 Y. 44 M. - D. - Native of MD Occupation Housewife  
Male White Married Widow Deceased  
Female Colored Single Widower Number of children living 5

Wife of Char. B. Mason  
 Father's Name Fugburn Thomas Mother's Name Mary Thomas  
 Cause of Death { Primary Carcinoma (Cervix Uteri) How long sick 9 months  
 Immediate Asthma 42 Accident, Suicide, Homicide

Reported by W. E. Alexander  
 Address Waverly Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town

Pinecrest

County

Lowell

MARYLAND

Died at

Date 189

1903

Month

Day

Jan 25

Y.

M.

D.

93

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's  
Name

Elijah E. Powell

Mother's  
Name

Annie Powell

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Philip Smith  
P. Smith

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Richard Sterling

Town

County

Died at

Crisfield

Somerset

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

1

27

-

1, 20

Age

md

-

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~ 7Husband  
of  
WifeFather's  
Name

Frank J. Sterling

Mother's

Maiden Name

Eva Moore

Cause of

Primary

obstruction jaundice from birth

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

W. F. Hall - 151

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

J. Fletcher Stevenson  
 Town County  
 Died at Airfield Somerset

MARYLAND

Date 1903 Month 1 Day 23 Y. M. D. Age 38 Native of Ind Occupation Cyestman  
 Male White Married ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband of Mary Stevenson  
 Wife  
 Father's Name Mother's Maiden Name

Cause of Death { Primary Heart Disease Immediate 79 How long sick 5 min  
~~Accident, Suicide, Homicide~~

Reported by G. T. Timmons  
 Address Airfield Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Annie Agnes Ward

## CERTIFICATE OF DEATH

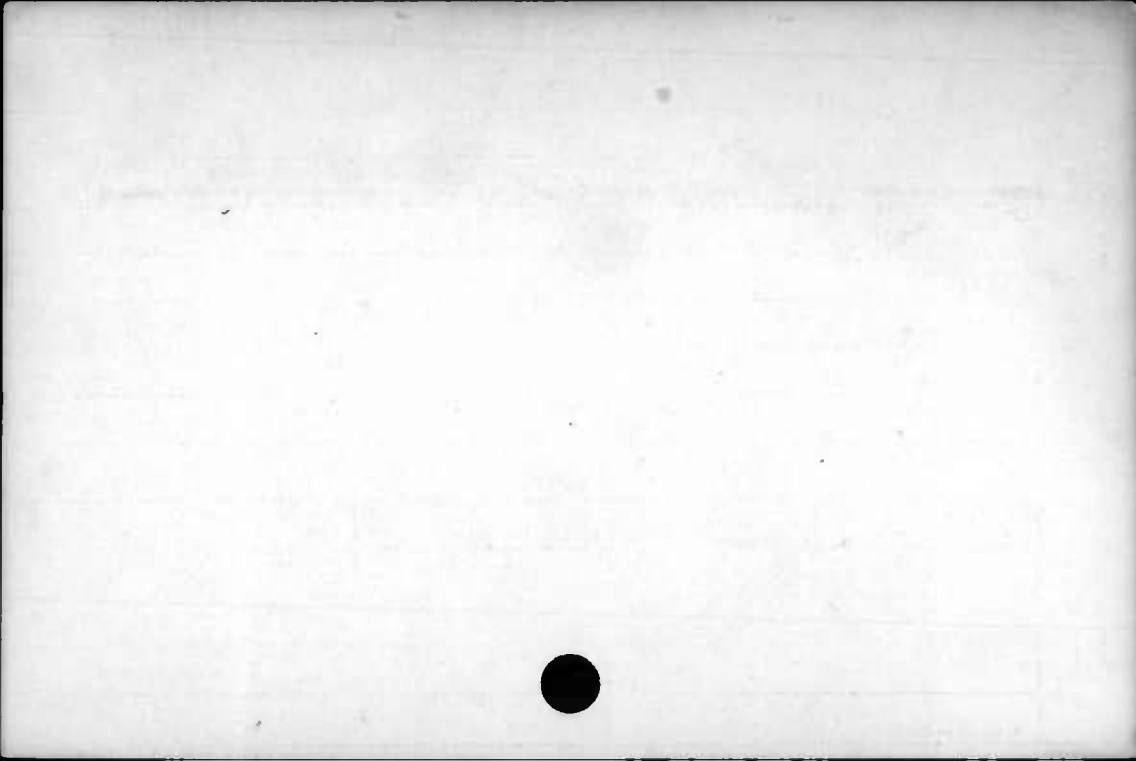
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Crisfield		County Somerset		MARYLAND	
Date of death 190	3	Month 1	Day 11	Age	Years 2	Months —	Days 1
Sex	F		Color or Race	White		Birth- place	Crisfield Md
Married, Single or Widowed				Occupation			
Name of Wife or Husband				+			
Father's Name				William H Ward		Father's Birthplace	
Mother's Maiden Name				Julia S. Dougherty		Mother's Birthplace	
Name of person giving information				W H Ward		How related to deceased	
				Father			

## CAUSES OF DEATH

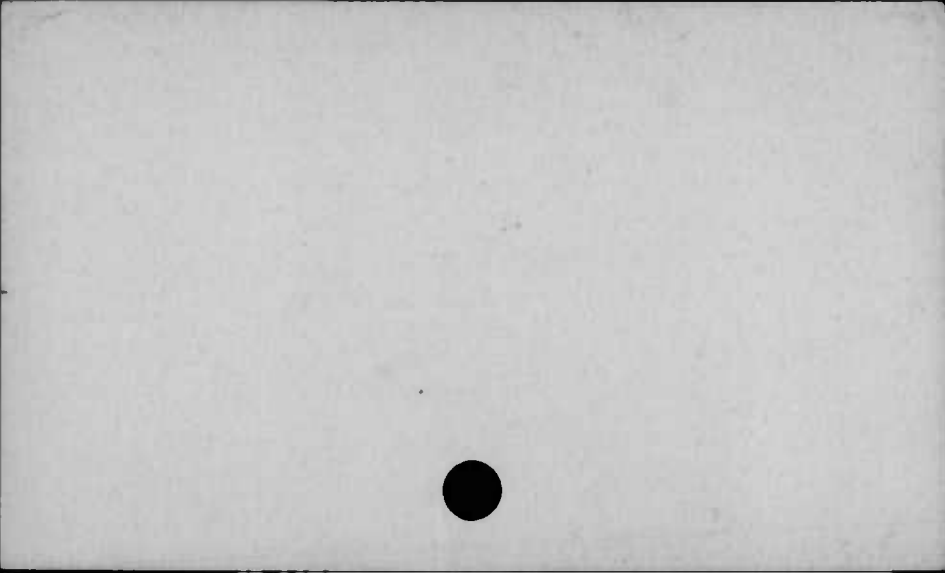
PHYSICIAN  
OR CORONER

Primary	Membranous Croup		How long	36 hours
Immediate	—		How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	W F Huel
			Address	Crisfield Md
Accident or Suicide?				



Died at		Town <u>Mountain</u>		County <u>Somerset</u>		MARYLAND	
Date 19	03	Month	Jan.	Day	15	Age	5
Male		Female		Colored		Married	
						Widow	
						Widower	
						Divorced	
						Number of children living	
Husband of							
Wife							
Father's Name		<u>Levin H. Water</u>		Mother's Maiden Name		<u>William Ball</u>	
Cause of	Primary						How long sick
	Death	Immediate	<u>151</u>				
Reported by		<u>Mountain</u>		<u>Geo. Hall</u>			
Address		<u>Mountain</u>		<u>Mod.</u>			

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charlie White

Town

County

MARYLAND

Died at Habnah Somerset

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

1

22

Age

18

Laborer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Primary

Tuberculosis

How long sick

6 mos

Death Immediate

Askenia

~~Accident, Suicide, Homicide~~

Reported by

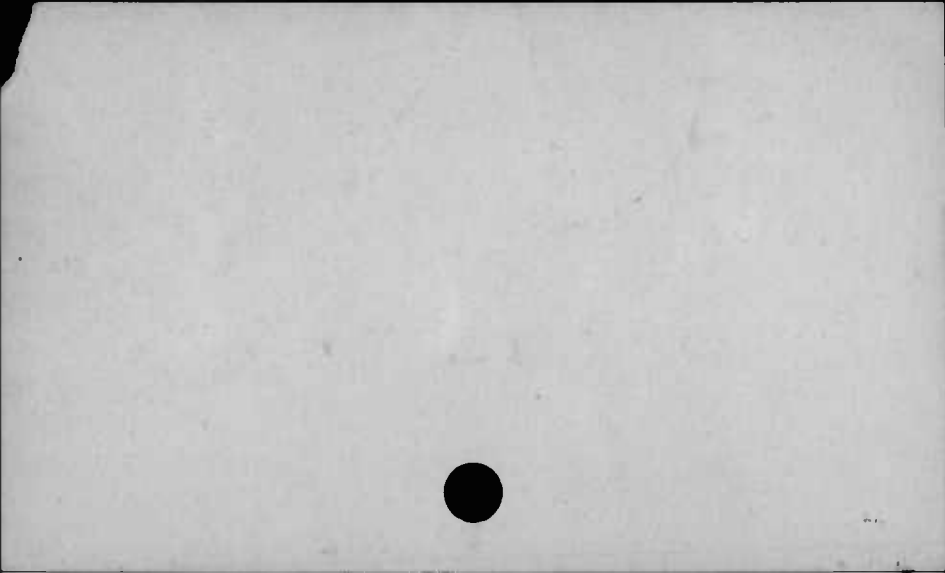
Chas. W. Loring

Address

1

Witnessed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898





Name in Full

Certificate of Death

Lura Wilson

Died at <sup>Town</sup> Crook <sup>County</sup> Connetquot MARYLANDDate 19 03 <sup>Month</sup> Jan <sup>Day</sup> 18 Age 12 <sup>Y.</sup> 12 <sup>M.</sup> 12 <sup>D.</sup> 12 Native of md Occupation —

<u>Male</u>	<u>White</u>	<u>Married</u>	<u>Widow</u>	<u>Divorced</u>
Female	<u>Colored</u>	Single	<u>Widower</u>	<u>Number of children living</u>

Husband of —  
WifeFather's Name Wm Wilson Mother's Maiden Name Mamie Nutt

Cause of	Primary	<u>Typhoid Fever</u>	How long sick	<u>6 wks</u>
	Death	<u>Intestinal Perforation</u>	<u>Accident, Suicide, Homicide</u>	

Reported by Re To Hoff M.D.  
Address Crook P.O., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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